

# The London Borough of Hillingdon

## Hatton Grove

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Hatton Grove on 29 November 2017 and 8 January 2018. The first day was unannounced.

Hatton Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hatton Grove is one building and within this are four flats. In total there are 20 bedrooms for adults who have a learning and/or physical disability. There was twenty people living in the service at the time of the inspection.

There was a registered manager in post at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection took place on 9 and 10 November 2015. At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The provider had systems in place to safeguard people from the risk of abuse and staff were confident they would report any concerns.

People were safely cared for at the service. Their needs were assessed and staff understood how to keep people safe and followed guidance around this.

There were risk assessments outlining how to avoid harm and support people in the way they needed and the staff followed these.

Where appropriate, people's end of life wishes were discussed and recorded.

The provider had good practice guidance, technology and equipment in place to enhance the care and support of people.

People received person centred health care and support as the staff worked in partnership with other professionals.

Checks were carried out during the recruitment process to ensure only suitable staff were employed.

There were arrangements in place for the safe management of people's medicines and regular checks were undertaken.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by staff who were suitably trained, supervised and appraised.

Relatives told us that the management team was approachable and supportive. People and their relatives were supported to raise concerns and give their views on the service.

There were appropriate systems for assessing the quality of the service and making improvements. Records relating to people and the running of the service were in place and up to date.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Hatton Grove

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 November 2017 and 8 January 2018 and the first day was unannounced.

This was a comprehensive inspection and the first day was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR) in October 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Most people using the service had complex needs and were not able to communicate with us verbally. We carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We looked at the care records for five people who lived at the service and the staff training, recruitment and supervision records for three members of staff. We also looked at other records the provider used for managing the service, which included quality audits, health and safety checks of the environment and equipment, records relating to medicines management, records of complaints and meeting minutes.

During the inspection we spoke with one person using the service, one relative, the registered manager, two team leaders, three care staff, a domestic member of staff and a visiting healthcare professional.

Following the inspection we received feedback from the relatives of two people who lived at the service and

one external professional via email.

# Is the service safe?

## Our findings

Feedback from relatives indicated that they felt people were happy and safe. A healthcare professional told us they had "No concerns about the care being given."

Staff said they received training in safeguarding adults and training records confirmed this. All the staff we spoke with understood the different types of abuse that could take place and knew they could report any safeguarding concerns to the registered manager. They were also aware about reporting concerns to external agencies, such as the Care Quality Commission (CQC) and the Police. The service had a safeguarding and whistleblowing policy and procedures in place and staff had access to these. There had been one safeguarding concern since the last inspection which had been appropriately dealt with.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified. Risks identified included, being assisted with meals whilst being in a chair, using a wheelchair and moving and handling. Each risk was analysed and included guidelines for staff to understand how to support the person effectively. We identified on the first day of the inspection that for one person a risk assessment had not been completed for their specific needs. This was resolved and we saw the risk assessment in place on the second day of the inspection to ensure staff knew the potential risks for this person if staff did not follow guidelines.

There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Water temperatures had been checked once a month but it was not clear what areas the external company had always checked. Therefore, the registered manager implemented a weekly check for staff to complete to ensure people were bathed safely. Window restrictors were also checked by staff members to make sure they were in good working order.

People were protected from the risk of infection and staff used appropriate protective equipment. We observed during the inspection that all areas of the home were free of any hazards and all cleaning products were locked away. Bathrooms and toilets had cloth hand towel dispensers. The registered manager confirmed that these would be replaced by paper hand towels which were more hygienic. A relative confirmed to us that their family member's bedroom was kept, "spotlessly clean" and there were never any unpleasant smells when they visited.

The provider had taken steps to protect people in the event of a fire. We saw evidence that checks of all fire safety equipment were carried out regularly on the fire alarm system and fire extinguishers. The staff team carried out regular fire drills and fire alarm tests. People's records contained personal emergency evacuation plans (PEEPS). These included appropriate action to be taken in the event of a fire according to people's abilities and needs.

People's medicines and medicines were stored securely. Everyone required support with their prescribed medicines. Staff were trained in the administration of medicines and the registered manager confirmed that

from 2018 staff would be assessed for their competency to carry out medicines related tasks to ensure they continued to follow the appropriate guidelines and safe practice. Medicines policies and procedures were in place and staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines.

We checked the medicines administration records (MAR) charts for four people who lived at the service which had been completed over one month. We saw that all the MAR charts were completed and signed appropriately. We looked at the boxed medicines to see if the amount corresponded to the records and we found all to be correct. The registered manager carried out regular medicines audits in order to identify any shortfalls. We saw that where improvements had been noted for action these had been addressed.

Relatives told us they were happy with the staffing levels. The staffing records we viewed confirmed there were sufficient staff on duty at any one time to provide care and support to people. The registered manager was in the process of recruiting to the staff vacancies and we saw that for some shifts agency staff were arranged to cover the vacant posts. Where possible, new agency staff were booked on afternoon shifts so that they could receive a general induction to the service when the service was usually quieter. The registered manager was provided with the checks and training the agency staff had completed prior to them coming to work in the service.

Recruitment practices ensured staff were suitable to support people. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

Staff understood about reporting concerns and there were clear systems in place to report and record incidents. The registered manager analysed these and included an action plan to address any issues or trends identified. Incidents and accidents were rare but any changes to a person's needs triggered a review of their care plan and risk assessments to ensure staff continued to support a person appropriately.



# Is the service effective?

## Our findings

The provider assessed people's needs and choices before they moved to the service in line with good practice guidance. There was information relating to their physical, social care needs and needs around personal care. The assessments were closely linked to plans for care and had been updated when people's needs changed.

People were encouraged to visit the service before choosing to move in and a relative confirmed that the transition "Was done well to get [person using the service] used to the building and staff." Where needed people had technology to ensure they were safely living in the service. This included having bed sensors to alert staff to check on a person in case they were out of bed or having an epileptic seizure so they could appropriately be supported.

People were supported by staff who had appropriate skills and experience. All staff undertook training the provider considered mandatory such as health and safety, safeguarding, fire safety and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act (MCA) 2005, epilepsy awareness and dementia training. The registered manager had requested training specifically on dementia for people with a learning and/or physical disability as they had identified that this would benefit the staff team to know more about these areas when supporting people using the service.

New staff received an induction to the service and spent time shadowing experienced staff. Some staff employed at the service had achieved a recognised qualification in Health and Social Care, or were undertaking the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

People were cared for by staff who were suitably supervised and appraised. The staff we spoke with told us that they received regular supervision and records we viewed confirmed this.

There was information, such as policies and procedures for the staff about their work, including reference to nationally recognised guidance and legislation. There were handovers of information between the staff each day, where they shared information about people using the service. The staff also used communication books to update each other with information they needed to know.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff demonstrated a good knowledge of the principles of the MCA and DoLS. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

There was information in people's care records about their likes and dislikes and one person had signed to say they consented to live in the service. A relative confirmed they felt the staff team would "make decisions in [person using the service] best interests." Staff were clear that where possible they needed to gain consent from the person before carrying out any tasks and that they needed to involve other people who were a part of a person's life where people could not give consent. Where people lacked capacity the provider had discussed their care with representatives who had helped to make best interests decisions about their care and support.

A relative confirmed that the food at mealtimes was pureed for the people living in one particular flat as they had difficulties with swallowing. They described how the food was all separate so that people could identify what they were eating. We could confirm this from our observations at lunchtime. Staff were able to describe to us what meals people enjoyed and that they knew when people did not want to eat the meal being offered to them. They gave us examples, such as people would turn their heads away or close their mouths. Staff supported people at mealtimes in a patient way. They described to people what the meal was and assisted them with eating at a pace suitable for the person. Where one person required their food and fluid intake to be closely monitored staff were recording this so that they and visiting professionals could check to see if there were any issues and respond accordingly.

The registered manager described how when one person's needs had changed the staff team had looked at ways of maintaining the person's independence when eating a meal. This was done by having a plain tablecloth, a brightly coloured plate with a lip and helping the person to eat by using an ergonomic spoon. Staff also guided the person's hand with the spoon to food and they were weighed weekly to make sure they maintained a good weight. We saw a plan had been put in place to inform staff on how to best support the person during mealtimes. Therefore this proactive approach had helped improve the person's mood and assisted them to start eating more food without the full aid of the staff team.

Care files contained a nutritional screening form which was updated every three months with any actions required. Monthly weights were recorded and were all up to date as were nutritional assessments so that staff knew the level of support each person required.

The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, dental, medicines, dietary requirements, lifestyle and general information. Records of healthcare appointments included the outcome of the appointment, any action needed and the next appointment date. These included routine appointments and specialist appointments. People also had a patient passport which was a document for hospital staff if a person was admitted. This outlined the person's needs, how they communicated and the level of assistance they required.

The service worked closely with healthcare and social care professionals, including the local district nurse team which provided support and advice so staff could support people safely at the service. They also liaised with the GP on a regular basis. The registered manager told us that by working together, they were able to ensure they could meet people's needs. We saw evidence of this where a person was supported by

the staff team and the community team to make sure they were comfortable and being cared for in the best way.

The environment was bright and there were photographs of people using the service around the building. People's bedrooms were personalised with different items of their choice. The garden was available for people in the warmer weather. There was a lift for people to safely access the first floor. There was an ongoing issue with the heating of some areas of the ground floor. The registered manager told us that portable heaters were being used until the weather was warmer for the work to be carried out to fix the heating issue as there was a risk that if work started it could affect all the heating and hot water in the service. Risk assessments were in place for the use of the heaters. The main rooms people slept in and sat in were warm at the time of the inspection, but there were some corridors which were colder. After the inspection the registered manager arranged for an engineer to re-visit the service to re-check the situation.

# Is the service caring?

## Our findings

Relatives were complimentary about the care people received. Comments included, "[Person using the service] is cared for extremely well, with kindness, compassion and respect," "I am happy with the service" and "Staff are pro-active and they know how to support [person using the service]." Friends and families were welcomed at the service and were able to visit people at any time. One relative confirmed they "visit regularly" so they could see how the person was being cared for.

A social care professional told us, "Hatton Grove has a very relaxed and homely feel to it. The staff are friendly and have always acted in a professional manner."

We saw staff were attentive, positive and caring with people. Staff described how best to support people, how they communicated and what their personal preferences were. They confirmed information was shared so that the team worked in a consistent way. Staff mainly used visual aids to communicate with people, for example, showing them a choice of food to eat and showing different clothes to wear. A pictorial version of the complaints policy and procedures was available in the communal areas of the service for people who found this version easier to understand. If people were not able to contribute their opinions to staff their relatives were consulted to ensure staff gained important information on how to support a person in their preferred way.

We observed staff supporting a person in a calm manner as the person appeared distressed. Staff knew the triggers that could have caused the person's mood to change and the ways to try to ensure the person felt safe and comfortable. We saw staff were busy carrying out various tasks, but did have time to sit and chat with people and readily engaged with them.

Where possible, people were supported to do things for themselves and be as independent as they could be. One person, who was more independent, was being supported to attend a local pantomime and staff were chatting with them about the outing with a good level of cheerful interaction.

People's privacy and dignity were respected. Personal care was carried out in private. The staff members spoke in a caring way about the people they supported. One told us, "We provide the best care and I feel the standard of care is good."

People who were deprived of their liberty (DoL) had advocates who visited them and contacted the registered manager to ensure their rights were protected and that the person had the support from an independent person.

## Is the service responsive?

### Our findings

People's needs were planned for and they received personalised care which met these needs and reflected their preferences. Care plans were appropriately detailed and included information about people's choices and preferences.

People and their relatives were involved in all aspects of their care. A relative confirmed, "I am included in all relevant meetings around [person using the service] care and wellbeing." A second relative also said, "I get invited to [person using the service] annual review, in which I can ask any questions and discuss their care and make suggestions for improvements in the coming year."

Staff encouraged and supported people to undertake activities of interest to them. There were a range of activity materials available at the service. There was a pictorial activity plan displayed which contained a variety of suggested activities. This included attending a service for people with disabilities where different classes were run, such as sport and singing. Some people had one to one support in the week where they could take part in additional activities. People accessed the local community and used public transport where it was possible. Some people had gone on holidays and had gone for day trips with staff so that they had varied experiences in their lives. An aromatherapist visited the service to offer massages for people who enjoyed this. Evening social clubs were also available for people interested in socialising with other people.

One person using the service confirmed they were confident that they could complain to the registered manager if they were unhappy and knew the registered manager's name. Relatives said they have not needed to complain and one relative confirmed that if they raised a complaint "I feel confident it would be dealt with quickly and efficiently." Another relative commented, "I have never had to make a major complaint, but am confident that if I did it would be dealt with fairly and professionally by [registered manager] and her team."

The service had a complaints procedure in place and this was available to staff and people who used the service. There was no evidence of any minor concerns about people's care that relatives did not want to progress as complaints. We discussed with the registered manager about logging all complaints so that they did have a record of the comments made to them that required action to be taken. They confirmed this would be actioned so that it was obvious if changes had been made in light of feedback.

The staff team supported people where possible with life limiting conditions. This was carried out in conjunction with health care professionals to ensure the person's needs could be met. The service followed the 'Co-ordinate my care' initiative which enabled the person, where possible, and their relatives to be involved in how they wanted to be supported at the end of their life. We saw the registered manager had updated one person's care plan, as they had just been discharged from hospital, to include this information and were in the process of updating the risk assessments. Staff we spoke with understood the person's changing needs and they monitored how the person was on a regular basis to ensure they were comfortable. The registered manager had requested end of life care training for the staff team so they felt confident and informed on how best to care for people at the end of their lives. In the meantime the

registered manager was available to support the staff team and planned to talk about ways of working with people when their needs have changed.

## Is the service well-led?

### Our findings

Relatives gave positive feedback on the staff team. One relative said, "The manager and staff are excellent, we talk regularly and I can easily raise any issues as and when they arrive" and another told us, "I have a good relationship with the staff." They went on to comment, "If I ever have any queries about [person using the service] care or want to discuss anything, I usually email the home initially and get an answer very quickly." This showed the staff team were available to answer any queries relatives might have and reassure them.

The registered manager and staff team shared important information to people using the service through the meetings held for them and relatives. There was also a newsletter sent every three months to relatives to give them updates on what had been happening in the service.

Staff spoke favourably regarding working in the service. One staff member confirmed, "The communication with the team members is good" and another said, "The manager is accessible and very supportive." Regular meetings were held so that staff could share information and support each other. The registered manager and team leaders had designated tasks to carry out in the service, such as having oversight of medicines management and health and safety. The staff team reflected on what was working well in the service and identified any areas needing to be improved, such as arranging for new furniture where it needed to be updated and bathrooms that had been renovated for the benefit of people living in the service. There was a development plan in place so that the staff team could see what had been achieved and where there were areas still needing to be addressed.

The registered manager had been in post since 2017 and had experience in working with people with learning and physical disabilities. They were currently enrolled on a management and leadership course to gain more skills and knowledge in these areas. The registered manager confirmed they were supported well by their line manager and from the other managers who worked across the different locations that the provider managed. Regular meetings with the other managers took place and they also kept up to date with developments in the social care area via Skills For Care, which is a training organisation to support providers and staff working in social care.

As found at the previous inspection, the provider carried out a number of different types of audits to review the quality of the care provided. These included, environmental checks, health and safety checks and care records. The findings of audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. We viewed a range of audits which indicated they were thorough and regular. A manager from a different service also carried out visits to assess the quality of the service. We saw any recommendations were addressed shortly after the visit. This meant that the registered manager had the views from another professional on the service and could make improvements where it was deemed necessary.

The registered manager understood their responsibility to share information with relevant professionals as and when it was required and they notified the Care Quality Commission (CQC) of any reportable significant

events.

The registered manager and staff team worked in a collaborative manner with external professionals in order to meet people's individual needs. A social care professional told us, "If I have ever required additional information, this is always provided in a timely manner. The staff listen to advice given and act on any instructions that have been made.